



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: INDIANA UNIVERSITY HEALTH BLACKFORD HOSPITAL

City of Hospital: Hartford City

Year Begin: 01/01/2017 (mm/dd/yyyy format)

Year End: 12/31/2017 (mm/dd/yyyy format)

Person Completing the Report: Derek Tatter

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Medicare Provider Number: 15-1302

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$6362999
Outpatient Patient Service Revenue	\$28043729
Total Gross Patient Service Revenue	\$34406728

2. Deductions From Revenue

Contractual Allowance	\$19336706
Other Deductions	\$227794
Total Deductions	\$19564500

3. Total Operating Revenue

Net Patient Service Revenue	\$14842228
Other Operating Revenue	\$129283
Total Operating Revenue	\$14971511

4. Operating Expenses

Salaries and Wages	\$6306353	Employee Benefits	\$1347891
Depreciation and Amortization	\$764449	Interest Expense	\$0
Bad Debt	\$1164322	Other Expenses	\$9014544
Total Operating Expenses	\$18597559		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-3626048	Total Assets	\$14438936
Net Non-operating Gains over Loss	\$14318	Total Liabilities	\$14438936

Total Net Gains	\$-3611730
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$17297409	\$9411511	\$7885898
Medicaid	\$6740117	\$6126010	\$614107
Other Government	\$408703	\$219954	\$188749
Other State	\$0	\$0	\$0
Other Payers	\$9960497	\$3807024	\$6153473
Total	\$34406726	\$19564499	\$14842227

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$1994	\$-1994

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$40926	\$-40926
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	279

Statement Six: Charity Statement

Hospital Charity Charges	\$812065
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$391253	
HCI Payments	\$0		
Subtotal	\$0	\$391253	\$-391253
Medicaid Shortfalls	\$1464614	\$3790575	
Subtotal	\$1464614	\$4181828	\$-2717214
DSH Payments	\$0		
Subtotal	\$1464614	\$4181828	\$-2717214
Medicare Shortfalls	\$7360741	\$6904458	
Other Government Programs	\$0	\$0	
Total	\$8825355	\$11086286	\$-2260931

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments